

PROFESSIONAL SOLICITOR —REGISTRATION STATEMENT—

LISA MADIGAN
ATTORNEY GENERAL

PLEASE TYPE OR PRINT IN BLACK INK. Respond to all items. This form must be completed in full. A copy of this form must be retained by the Professional Fund Raiser who intends to employ this party. Registration expires on June 30 each year. You must submit a new registration form for each fiscal year ended June 30. File this Registration Statement with the Attorney General's Office, Charitable Trust and Solicitations Bureau, 3rd Floor, 100 West Randolph Street, Chicago, Illinois 60601.

REGISTRATION ☐

SUPPLEMENTAL REGISTRATION ☐

RE-REGISTRATION ☐

1. THIS REGISTRATION IS FOR THE PERIOD BEGINNING _____ AND ENDING JUNE 30, _____

2. LEGAL NAME	HOME PHONE NUMBER
3. MAIL ADDRESS	WORK PHONE NUMBER
CITY, STATE, ZIPCODE	BIRTHDATE
4. NAME OF PFR	PFR #

5. LIST ALL CHARITABLE ORGANIZATIONS FOR WHICH YOU WILL BE SOLICITING DURING THE PERIOD OF THIS REGISTRATION. YOU MUST SUPPLEMENT THIS REGISTRATION AND ADD ANY NEW OR ADDITIONAL CHARITIES BY FILING A SUPPLEMENTAL REGISTRATION BEFORE YOU START SOLICITING FOR NEW OR ADDITIONAL CHARITIES.

CO # **CHARITABLE ORGANIZATION / NAME, CITY, STATE**

6. DESCRIBE THE METHOD BY WHICH YOU WILL BE PAID COMPENSATION. (i.e.Amount Per Hour, Percentage to be paid; be precise)

7. HAS ANY LICENSE OR PERMIT BEEN DENIED, CANCELED OR REVOKED, OR HAS ANY ACTION BEEN TAKEN AGAINST YOU IN CONNECTION WITH SOLICITATION OF FUNDS FOR CHARITABLE PURPOSES?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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8. ARE YOU AN EMPLOYEE OF OR INDEPENDENT CONTRACTOR WITH THE PER? _____

9. HAVE YOU EVER BEEN CONVICTED OF A CRIME INVOLVING THE MISUSE OR THEFT OF MONEY? ☐ YES ☐ NO

10. HAVE YOU EVER BEEN CONVICTED OF A CRIME OF DISHONESTY, THEFT, BURGLARY, DECEPTION OR FRAUD? ☐ YES ☐ NO

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS STATEMENT, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS TRUE CORRECT AND COMPLETE.

Solicitor: _____
SIGNATURE DATE

Professional Fund Raiser: _____
SIGNATURE DATE